

Handover of area for refurbishment from School to E&B

School/Directorate:

Building:

Room/Location:

LEVEL 4 BSI

I have personally checked that:

- All equipment and materials to be retained have been removed
- All wastes have been removed

Where hazardous substances have been used I confirm that:

- Drains and sinks have been flushed with water
- Accessible surfaces have been decontaminated (e.g. wiped and then washed down with water and detergent, or wiped with disinfectant)
- Fixed equipment has been decontaminated (e.g. microbiological safety fumigated with formaldehyde)
- Radioactive materials removed, and decommissioning certificate issued by Safety Services

The Contractor must be informed of the following remaining risks:

SHOULD WEAR P.P.E ON THEIR HANDS AND WASH
HAND BEFORE HANDLING FOOD.
AND NEAR OVERDRAWS

Signature of Head of School Nominee:

Print name:

Date:

TERRY SWENNEY
4-12-2008

I have visually checked the area and confirm that:

- All materials and equipment have been removed ✓
- All valuable fittings and fixtures have been removed ✓
- Everything that remains should be 'stripped out' for disposal by Main Contractor ✓

I accepted the area from the School on (date).

Signature of Project Manager

Name:

Date:

Terry Swenney
4-12-2008

Copy to be held by School

Original to be held by E&B

Procedures for Decommissioning Radioactive Areas

A) Existing Personnel

1. Remove all radioactive materials and waste. This includes registered and unregistered ('exempt') sealed sources contained within equipment. For stocks which are to be transferred to different buildings/institutions, the RPA should be consulted. For waste which can not be disposed of by the standard routes, the RPA should be consulted. Where contractors are involved in laboratory clearances they should be closely supervised when source-containing equipment is to be moved
2. Decontaminate areas where radioactive materials were used. This should include designated sinks, fume cupboards, benches and apparatus. Less obvious places such the fronts of benches and certain floor areas should checked, particularly where solvent/water marks have been left
3. Remove all radioactive labels from decontaminated apparatus but **LEAVE LABELS IN AREAS, ON SINKS ETC TO FACILITATE FINAL CHECKING BY THE RPA WHERE FITTINGS ARE TO BE REMOVED**
4. Sign the declaration form and user's final decontamination record

B) Radiation Protection Adviser

1. Monitor/decontaminate exposed areas where fittings are removed eg backs of benches and sinks, inside pipes
 2. Sign declaration form and RPA's final decontamination record
 3. Remove remaining labels
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University of Dundee Site/Building Handover Form

Handover of University Site/Building - to be Completed by Project Manager & Site Agent					
Project Manager:			Project Title:		
Campus:			Building:		
Department:		Floor:	Room/Location:		
Name of Project Manager:			Name of Site Agent:		
Tick box as appropriate:			Services have been isolated according to details discussed at the Pre Start meeting.		
Services	Yes	No	N/A	Remarks	Name & Signature
Electrical (IT, cctv, DBs, Fire, Telephone wiring, TV)		✓			
Hot & Cold Water (Certification, Isolation, Connection)		✓			
Drains (Clear of hazardous substances)		✓			
Gas (Natural, Lab, Air Con)		✓			
Mechanical (Heating, Ventilation, Air Con, pressure systems)		✓			
Specialist Items (Liquid Nitrogen, Mercury etc)		✓			
Other Items (Specify i.e. waste)	✓				
Handover Checklist					
Item				Yes	No
1. Copy of drawings highlighting service isolations handed to contractor.					✓
2. All personal and University materials and equipment have been removed from site/area.				✓	
3. All reasonable steps have been taken to ensure that the isolation work detailed above has been completed.				✓	
4. Are all live and isolated services clearly identified and marked?				✓	
5. Site Agent to assume that any unidentified services are live, and take appropriate safety precautions.				✓	
Safety Notes:					
1. If any of the handover checklist answers is no, handover of site cannot take place.					
2. Site Agent to assume that any unidentified services are live, and take appropriate safety precautions.					
3. Site Agent to provide details of isolations, live services and (where applicable) asbestos to all sub-contractors					
4. Site Agent is now responsible for the site once this document is signed.					
Handover Completion Certificate					
Project Manager Name:		Signature:		Date:	Time:
<i>[Signature]</i>		<i>TERRY SWENEN</i>		18/12/08	8:45
Site Agent Name:		Signature:		Date:	Time:
JAMES THOMPSON		<i>[Signature]</i>		18/12/08	8:45
Company Name: TRUST SERVICES LIMITED					

Original form should be retained in Construction H&S Site File by Site Agent.
 Copy of Form to be forwarded to CDM Coordinator and copy retained by the Project Manager.

HEATH AND SAPPAY TALK GIVEN ON SITE

[Signature] TERRY SWENEN

University of Dundee Site/Building Handover Form

Handover of University Site/Building – to be Completed by Project Manager & Site Agent					
Project Manager: <u>TERRY SWEENEY</u>			Project Title: <u>CLEARING BSI</u>		
Campus:			Building: <u>BSI</u>		
Department: <u>BSI BUILDING</u>		Floor: <u>LEVEL 3</u>	Room/Location:		
Name of Project Manager: <u>TERRY SWEENEY</u>			Name of Site Agent:		
Tick box as appropriate:			Services have been isolated according to details discussed at the Pre Start meeting		
Services	Yes	No	N/A	Remarks	Name & Signature
Electrical (IT, cctv, DBs, Fire, Telephone wiring, TV)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Hot & Cold Water (Certification, Isolation, Connection)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drains (Clear of hazardous substances)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gas (Natural, Lab, Air Con)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mechanical (Heating, Ventilation, Air Con, pressure systems)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Items (Liquid Nitrogen, Mercury etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Items (Specify i.e. waste)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handover Checklist					
Item				Yes	No
1. Copy of drawings highlighting service isolations handed to contractor				<input type="checkbox"/>	<input type="checkbox"/>
2. All personal and University materials and equipment have been removed from site/area				<input type="checkbox"/>	<input type="checkbox"/>
3. All reasonable steps have been taken to ensure that the isolation work detailed above has been completed				<input type="checkbox"/>	<input type="checkbox"/>
4. Are all live and isolated services clearly identified and marked?				<input type="checkbox"/>	<input type="checkbox"/>
5. Site Agent to assume that any unidentified services are live, and take appropriate safety precautions				<input type="checkbox"/>	<input type="checkbox"/>
Safety Notes:					
1. If any of the handover checklist answers is no, handover of site cannot take place					
2. Site Agent to assume that any unidentified services are live, and take appropriate safety precautions					
3. Site Agent to provide details of isolations, live services and (where applicable) asbestos to all sub-contractors					
4. Site Agent is now responsible for the site once this document is signed					
Handover Completion Certificate					
Project Manager Name: <u>JAMES THOMPSON</u>		Signature: <u>[Signature]</u>		Date: <u>6/1/09</u>	Time: <u>10:54</u>
Site Agent Name: <u>[Signature]</u>		Signature: <u>TERRY SWEENEY</u>		Date: <u>6/1/09</u>	Time: <u>10:54</u>
Company Name: <u>TRUST SERVICES LIMITED</u>					

**Original form should be retained in Construction H&S Site File by Site Agent.
Copy of Form to be forwarded to CDM Coordinator and copy retained by Project Manager.**

THIS FORM IS TO CONFIRM THAT LEVEL 3 BSI IS READY FOR CLEARING. HEALTH AND SAFETY AS SUPPLIED FOR LEVEL 4. 6/1/09.

[Signature]

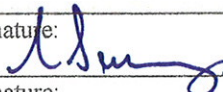

University of Dundee Site/Building Handover Form

Handover of University Site/Building – to be Completed by Project Manager & Site Agent					
Project Manager: <i>TERRY SWEENEY</i>			Project Title: <i>CLEARING BST</i>		
Campus:			Building: <i>BST</i>		
Department: <i>BSE Building</i>		Floor: <i>Level 2</i>	Room/Location: <i>LEVEL 2</i>		
Name of Project Manager: <i>Terry Sweeney</i>			Name of Site Agent:		
Tick box as appropriate:			Services have been isolated according to details discussed at the Pre Start meeting.		
Services	Yes	No	N/A	Remarks	Name & Signature
Electrical (IT, CCTV, DBs, Fire, Telephone wiring, TV)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Hot & Cold Water (Certification, Isolation, Connection)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drains (Clear of hazardous substances)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gas (Natural, Lab, Air Con)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mechanical (Heating, Ventilation, Air Con, pressure systems)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Items (Liquid Nitrogen, Mercury etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Items (Specify) i.e. waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handover Checklist					
Item	Yes	No			
1. Copy of drawings highlighting service isolations handed to contractor.	<input type="checkbox"/>	<input type="checkbox"/>			
2. All personal and University materials and equipment have been removed from site/area.	<input type="checkbox"/>	<input type="checkbox"/>			
3. All reasonable steps have been taken to ensure that the isolation work detailed above has been completed.	<input type="checkbox"/>	<input type="checkbox"/>			
4. Are all live and isolated services clearly identified and marked?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Site Agent to assume that any unidentified services are live, and take appropriate safety precautions.	<input type="checkbox"/>	<input type="checkbox"/>			
Safety Notes:					
1. If any of the handover checklist answers is no, handover of site cannot take place.					
2. Site Agent to assume that any unidentified services are live, and take appropriate safety precautions.					
3. Site Agent to provide details of isolations, live services and (where applicable) asbestos to all sub-contractors					
4. Site Agent is now responsible for the site once this document is signed.					
Handover Completion Certificate					
Project Manager Name: <i>Terry Sweeney</i>	Signature: <i>[Signature]</i>	Date: <i>13-1-09</i>	Time: <i>10:30</i>		
Site Agent Name: <i>JAMES THOMPSON</i>	Signature: <i>[Signature]</i>	Date: <i>13/1/09</i>	Time: <i>10:30</i>		
Company Name: <i>TWIST SERVICES LTD</i>					

**Original form should be retained in Construction H&S Site File by Site Agent.
Copy of Form to be forwarded to CDM Coordinator and copy retained by the Project Manager.**

THIS IS TO CONFIRM THAT LEVEL 2 BST IS READY FOR CLEARING. HEALTH AND SAFETY AS SUPPLIED FOR LEVEL 4 12/1/09

University of Dundee Site/Building Handover Form

Handover of University Site/Building – to be Completed by Project Manager & Site Agent						
Project Manager: <u>TERRY SWEENEY</u>			Project Title: <u>CLEARING BSI</u>			
Campus:			Building: <u>BSI</u>			
Department: <u>BSI BUILDING</u>		Floor: <u>LEVEL 1</u>	Room/Location: <u>LEVEL 1 (EXCEPT ROOM 121)</u>			
Name of Project Manager: <u>TERRY SWEENEY</u>			Name of Site Agent:			
Tick box as appropriate:			Services have been isolated according to details discussed at the Pre Start meeting.			
Services	Yes	No	N/A	Remarks	Name & Signature	
Electrical (IT, cctv, DBs, Fire, Telephone wiring, TV)						
Hot & Cold Water (Certification, Isolation, Connection)						
Drains (Clear of hazardous substances)						
Gas (Natural, Lab, Air Con)						
Mechanical (Heating, Ventilation, Air Con, pressure systems)						
Specialist Items (Liquid Nitrogen, Mercury etc)						
Other Items (Specify) i.e. waste						
Handover Checklist						
Item					Yes	No
1. Copy of drawings highlighting service isolations handed to contractor.						
2. All personal and University materials and equipment have been removed from site/area.						
3. All reasonable steps have been taken to ensure that the isolation work detailed above has been completed.						
4. Are all live and isolated services clearly identified and marked?						
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Safety Notes:						
1. If any of the handover checklist answers is no, handover of site cannot take place.						
2. Site Agent to assume that any unidentified services are live, and take appropriate safety precautions.						
3. Site Agent to provide details of isolations, live services and (where applicable) asbestos to all sub-contractors						
4. Site Agent is now responsible for the site once this document is signed.						
Handover Completion Certificate						
Project Manager Name: <u>TERRY SWEENEY</u>		Signature: 		Date: <u>21/1/09</u>	Time: <u>9-00</u>	
Site Agent Name: <u>JAMES THOMPSON</u>		Signature: 		Date:	Time:	
Company Name: <u>TRUST SERVICES LIMITED</u>						

Original form should be retained in Construction H&S Site File by Site Agent.

Copy of Form to be forwarded to CDM Coordinator and copy retained by the Project Manager.

THIS IS TO CONFIRM THAT LEVEL 2 BSI IS READY FOR CLEARING. HEALTH AND SAFETY AS SUPPLIED FOR LEVEL 4. 21/1/09.